

CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	X					
3	1					
4	1					
5	1					
6	1					
7	X					
8						
9						
10						
11						
12	X					
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50						
TOTAL IND.	/					
TOTAL DEP.	4					
TOTAL CLAIMS	5					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS